

Email the team

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# SOSU Bulletin



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## New e-learning Package—Blooming Together



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### USEFUL LINKS

[SOSU](#)

[WACHS](#)

[WAGPON](#)

[WAGPET](#)

[Rural Health West](#)

[WAPHA](#)

[WAPHA GP Connect](#)

[WAPHA/RHW Practice Assist](#)

[FSEP K2 trainer](#)

[Figure 1](#)

[Leadership](#)

The Blooming Together e-Learning Program is a patient centred and holistic program for midwives aimed at minimising pregnancy weight gain in overweight and obese women. The program was initiated and funded in 2014 to address this risk and the growing number of obese women entering antenatal care in the Western Australian health system. Obesity is an independent risk factor for adverse obstetric outcome and is significantly associated with an increased rate of caesarean delivery (Weiss et al 2003). The Blooming Together eLearning Program was developed in consultation with midwives for midwives, working in antenatal care. Reading of all included links and materials, the package will take approximately 2 hours to complete. Blooming Together e-learning package is now available on the [SOSU website](#)

## Human Factors: The Dirty Dozen in CTG Misinterpretation

Lack of Communication—Communication is the exchange of information and transference of meaning between individuals. In the context of CTG interpretation this often falls into either confirmation bias e.g. “this trace looks normal, don’t you think?”; or lack of appropriate escalation. Strategies to improve good communication include breaking down boundaries between members of the multidisciplinary team so that even the most junior member of staff can feel comfortable approaching the most senior clinician to ask for help. Structured messages are also designed to avoid missing important things and tend to be useful for documentation and for hand over, especially in the context of shift work—as happens on most labour wards. The best known tool is SBAR which stands for S— situation, B— background, A— assessment, and R— recommendation, or specially for CTG documentation the mnemonic DRCBrVado (details in full article). [Read the full article here.](#)

## The National Digital Health Collaborative

The National Digital Health Collaborative has been established by Health Ministers to establish a longitudinal Child digital Health Record from pre-conception to adulthood. The precursor to this Child digital Health Record is the Digital Pregnancy Health Record (DPHR). The DPHR harmonisation is a stand alone project that will define a national pregnancy data set based on evidence-informed best practice principles. The key focus of the projects is on harmonised content that supports the provision of maternity care. The attached is being sent to you for feedback—please feel free to circulate wider with requests to return feedback to Tracy Martin by 15 March 2019. Instructions—Core data items such as name; date of birth; address etc are fundamental data items in an electronic records and are indicated in the report as “C” Please indicate you agree Y (Y) to include a data element in the NDPHR. If you disagree leave the cell blank. [Feedback template](#)

## Maternity Care Providers VC March 2019 Session

The March session of the Maternity Care Providers VC will be held on **Tuesday 12 March 2019** and the title is “Neonatal Stabilisation and Transfer” will be presented by Kylie McDonald CNC (NETS). VC starts at 1.30pm, to register email [Julie Knopper](#).

Thought for the day.....Success is neither magical nor mysterious. Success is the natural consequence of consistently applying basic fundamentals”. Jim Rohn